**Release of Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

In consideration of being permitted to participate in any way in community sponsored sports activities:

I ACKNOWLEDGE, agree and represent that I understand the active, sport or aerobic nature of (activity) community sponsored sports and that I am in good health and in proper physical condition to participate in such activity.

I FULLY UNDERSTAND that community sponsored sports activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death that these said risks may be caused by my own actions or inactions, by the actions or inactions of others participating in the activity or the conditions in which the activity takes place. There may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS and ALL RESPONSIBILTY FOR LOSSES, COSTS AND DAMAGES I incur as a result of my participation in the activity.

I HEARBY RELEASE, DISCHARGE AND COVENANT NOT to SUE Lakewood Public Schools (each considered one of the “releasees” herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES”. I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFY AGREEMENT, I or anyone on my behalf, makes a claim against any of the releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage or cost which any may incur as a result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

**Printed Name of the Participant:**

Address:

Phone:

Emergency Contact Name:

Phone Number:

Participant/Parent Signature: Date: